

TOWN OF BARRINGTON, RHODE ISLAND
CERTIFICATE OF TRADE NAME
Filed under the provisions of §6-1-2 of the General Laws of R.I. 1956, as amended.

This is to certify that I/we, the undersigned, am/are

Full Name

Address

City/Town

the sole owner/owners of the business conducted under the name

at _____, Barrington, R.I.

Signature(s) of Owner(s):

Subscribed and sworn to before me this _____ day of _____, 20_____

.

Notary Public/Expiration Date

Town Clerk's Office: date filed _____

WITHDRAWAL AS OWNER OR OWNERS

This is to certify that the undersigned is/are no longer connected with the above-named concern and request
that my/our name(s) be withdrawn as such owner(s).

Signature

Signature

Witness _____

Town Clerk's Office: date filed: _____

Filing fee \$10.00 payable to the Town of Barrington.